

Fill in this information to identify the case:Debtor name Galveston Bay Energy, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number (if known) 16-31922☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.☐ Yes. Go to line 2.**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address 3MB Services, LLC 262 CR 2254 Cleveland, TX 77327 Date(s) debt was incurred _____ Last 4 digits of account number <u>B001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$115,403.00
3.2	Nonpriority creditor's name and mailing address Archer Wireline LLC Accounting & Adminis 6000 Wester Place, Ste. 375 Fort Worth, TX 76107 Date(s) debt was incurred _____ Last 4 digits of account number <u>W001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$22,672.89
3.3	Nonpriority creditor's name and mailing address Archrock Services, L.P. P.O. Box 201160 Dallas, TX 75320-1160 Date(s) debt was incurred _____ Last 4 digits of account number <u>T001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$229,024.04
3.4	Nonpriority creditor's name and mailing address Barbers Hill I S D P O Box 1108 9600 Eagle Drive Mont Belvieu, TX 77580 Date(s) debt was incurred _____ Last 4 digits of account number <u>R004</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$86,320.83

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3.5	Nonpriority creditor's name and mailing address Baumann Marine Service, Inc. 2311 S/Sgt. Macario Garcia Dr. Houston, TX 77011 Date(s) debt was incurred _____ Last 4 digits of account number <u>U001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,379.00
3.6	Nonpriority creditor's name and mailing address Bluewing Teal, LLC 1819 St. James Place Houston, TX 77056 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,287.83
3.7	Nonpriority creditor's name and mailing address C & L Vacuum Service LLC PO Box 428 Daisetta, TX 77533-0428 Date(s) debt was incurred _____ Last 4 digits of account number <u>V002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,027.77
3.8	Nonpriority creditor's name and mailing address Cactus Pipe & Supply, LLC One Greenway Plaza Suite 325 Houston, TX 77046 Date(s) debt was incurred _____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,798.45
3.9	Nonpriority creditor's name and mailing address Caillou Island Towing Co., Inc. PO Drawer 2568 Houma, LA 70361 Date(s) debt was incurred _____ Last 4 digits of account number <u>I001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,761.56
3.10	Nonpriority creditor's name and mailing address Cameron International Corporation P.O. Box 731412 Dallas, TX 75373-1412 Date(s) debt was incurred _____ Last 4 digits of account number <u>M002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,361.72
3.11	Nonpriority creditor's name and mailing address Cetco Energy Services 2209 US HWY 77 Robstown, TX 78380 Date(s) debt was incurred _____ Last 4 digits of account number <u>S002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,127.12
3.12	Nonpriority creditor's name and mailing address Chambers County Tax Assessor Collector Denise Hutter P O Box 519 Anahuac, TX 77514-0519 Date(s) debt was incurred _____ Last 4 digits of account number <u>A006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,609.24

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3.13 Nonpriority creditor's name and mailing address **Charles L. Wolfe & Associates**
2901 S. First Street
Abilene, TX 79605-1813
 Date(s) debt was incurred _____
 Last 4 digits of account number **WOLFEPAK**

As of the petition filing date, the claim is: *Check all that apply.* **\$1,547.25**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.14 Nonpriority creditor's name and mailing address **ChemStar Energy Services, LLC**
P.O. Box 3334
Pineville, LA 71361-3334
 Date(s) debt was incurred _____
 Last 4 digits of account number **S001**

As of the petition filing date, the claim is: *Check all that apply.* **\$76,730.62**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.15 Nonpriority creditor's name and mailing address **City of Baytown**
201 East Wye Drive
Baytown, TX 77521
 Date(s) debt was incurred _____
 Last 4 digits of account number **B001**

As of the petition filing date, the claim is: *Check all that apply.* **\$2,575.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.16 Nonpriority creditor's name and mailing address **Coastal Flow Inc**
P O Box 58965
Houston, TX 77258-8965
 Date(s) debt was incurred _____
 Last 4 digits of account number **A005**

As of the petition filing date, the claim is: *Check all that apply.* **\$9,556.17**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.17 Nonpriority creditor's name and mailing address **Cooper Electric Inc**
7908 FM 1008
Dayton, TX 77535
 Date(s) debt was incurred _____
 Last 4 digits of account number **O006**

As of the petition filing date, the claim is: *Check all that apply.* **\$16,774.22**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.18 Nonpriority creditor's name and mailing address **COPY DOCTOR**
482 W. Arrow Highway
Suite A
San Dimas, CA 91773
 Date(s) debt was incurred _____
 Last 4 digits of account number **P001**

As of the petition filing date, the claim is: *Check all that apply.* **\$349.80**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.19 Nonpriority creditor's name and mailing address **Core-Tech Wire Line Svcs LLC c/o Midsout**
P.O. Box 3307
Lafayette, LA 70502
 Date(s) debt was incurred _____
 Last 4 digits of account number **R002**

As of the petition filing date, the claim is: *Check all that apply.* **\$36,755.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

3.20 Nonpriority creditor's name and mailing address **Culberson Construction, Inc.**
P.O. Box 1379
Granbury, TX 76048
 Date(s) debt was incurred _____
 Last 4 digits of account number **I001**

As of the petition filing date, the claim is: *Check all that apply.* **\$11,069.82**
☐ Contingent
☐ Unliquidated
☐ Disputed
 Basis for the claim: _____
 Is the claim subject to offset? ☒ No ☐ Yes

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3.21	Nonpriority creditor's name and mailing address Delta Seaboard, LLC 1212 W. Sam Houston Pkwy N. Houston, TX 77043 Date(s) debt was incurred _____ Last 4 digits of account number <u>L002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,205.54
3.22	Nonpriority creditor's name and mailing address DHI Group, Inc. Rigzone.com 4939 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number <u>Z001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$400.00
3.23	Nonpriority creditor's name and mailing address Direct Oilfield Service Leslie N Flory PO Box 15 Giddings, TX 78942 Date(s) debt was incurred _____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,173.60
3.24	Nonpriority creditor's name and mailing address Duke Trucking LLC C/O Integrity Factorin Dept. 355/P.O. Box 30015 Salt Lake City, UT 84130 Date(s) debt was incurred _____ Last 4 digits of account number <u>K001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,620.00
3.25	Nonpriority creditor's name and mailing address Ellington & Associates, Inc. Petroleum E 1414 Lumpkin Road Houston, TX 77043 Date(s) debt was incurred _____ Last 4 digits of account number <u>I001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,107.00
3.26	Nonpriority creditor's name and mailing address Fastorq, LLC Dept. 2206 P.O. Box 122206 Dallas, TX 75312-2206 Date(s) debt was incurred _____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,503.00
3.27	Nonpriority creditor's name and mailing address Francis Drilling Fluids Ltd PO Box 677438 Dallas, TX 75267-7438 Date(s) debt was incurred _____ Last 4 digits of account number <u>A006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,863.88
3.28	Nonpriority creditor's name and mailing address Francis Torque Services, LLC P.O. Box 1830 Covington, LA 70434 Date(s) debt was incurred _____ Last 4 digits of account number <u>A002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,960.00

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3.29	Nonpriority creditor's name and mailing address Frank's International, LLC Dept. 840 P.O. Box 4346 Houston, TX 77210-4346 Date(s) debt was incurred _____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,884.15
3.30	Nonpriority creditor's name and mailing address Galveston County Tax Office Attn: Cheryl E Joh PO BOX 1169 Galveston, TX 77553 Date(s) debt was incurred _____ Last 4 digits of account number <u>L005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,168.68
3.31	Nonpriority creditor's name and mailing address Goose Creek C I S D Tax Assessor - Collector P O Box 2805 - 4544 I-10 East Baytown, TX 77521-2805 Date(s) debt was incurred _____ Last 4 digits of account number <u>O001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,774.73
3.32	Nonpriority creditor's name and mailing address Greenberg Traurig, LLP Attorneys at Law 1000 Louisiana Street Suite 1700 Houston, TX 77002 Date(s) debt was incurred _____ Last 4 digits of account number <u>T001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,167.98
3.33	Nonpriority creditor's name and mailing address Greene's Energy Group P.O. Box 676263 Dallas, TX 75267-6263 Date(s) debt was incurred _____ Last 4 digits of account number <u>E001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,823.85
3.34	Nonpriority creditor's name and mailing address Gulf Coast Chemical, LLC P.O. Box 919161 Dallas, TX 75391-9161 Date(s) debt was incurred _____ Last 4 digits of account number <u>C001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,958.32
3.35	Nonpriority creditor's name and mailing address Gulf Coast Crane Services 16955 Katy Hockley Road Hockley, TX 77447 Date(s) debt was incurred _____ Last 4 digits of account number <u>C002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,212.50

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3.36	Nonpriority creditor's name and mailing address Gulf Stream Services, Inc. Dept. 3254 P.O. Box 123254 Dallas, TX 75312-3254 Date(s) debt was incurred _____ Last 4 digits of account number I001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,435.03
3.37	Nonpriority creditor's name and mailing address Harris Cnty Tax Assessor - Col Mike Sull 1001 Preston PO Box 4089 Houston, TX 77210-4089 Date(s) debt was incurred _____ Last 4 digits of account number R001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,374.05
3.38	Nonpriority creditor's name and mailing address Hewtex Oil & Gas 11222 Richmond Ave. Suite 190 Houston, TX 77082 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,287.83
3.39	Nonpriority creditor's name and mailing address Home Depot Credit Services Dept. 32- 2536615499 P.O. Box 183176 Columbus, OH 43218-3176 Date(s) debt was incurred _____ Last 4 digits of account number M001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.24
3.40	Nonpriority creditor's name and mailing address Hotchkiss Disposal Service PO Box 2742 Baytown, TX 77522-2742 Date(s) debt was incurred _____ Last 4 digits of account number T001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.30
3.41	Nonpriority creditor's name and mailing address Indmar Svc & Supply Corp PO Box 37 Pearland, TX 77588-0037 Date(s) debt was incurred _____ Last 4 digits of account number D002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,382.18
3.42	Nonpriority creditor's name and mailing address Integrated Pipe & Supply LLC 13604 HWY 69 Village Mills, TX 77663 Date(s) debt was incurred _____ Last 4 digits of account number S001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,703.80

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3.43	Nonpriority creditor's name and mailing address John J Hebert Dist, Inc. PO Box 857 424 HWY 90 Liberty, TX 77575 Date(s) debt was incurred _____ Last 4 digits of account number H001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,705.67
<hr/>			
3.44	Nonpriority creditor's name and mailing address Just Energy 6164040 P.O. Box 650518 Dallas, TX 75265-0518 Date(s) debt was incurred _____ Last 4 digits of account number S002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16.10
<hr/>			
3.45	Nonpriority creditor's name and mailing address KDR Supply Inc P O Box 10130 Liberty, TX 77575-7630 Date(s) debt was incurred _____ Last 4 digits of account number R001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,592.83
<hr/>			
3.46	Nonpriority creditor's name and mailing address KIMRAY Inc. P.O. Box 248869 Oklahoma City, OK 73124 Date(s) debt was incurred _____ Last 4 digits of account number M002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,097.96
<hr/>			
3.47	Nonpriority creditor's name and mailing address Kinder Morgan Tejas Pipeline Dept. 3015 PO Box 201607 Dallas, TX 75320-1607 Date(s) debt was incurred _____ Last 4 digits of account number N001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,122.51
<hr/>			
3.48	Nonpriority creditor's name and mailing address Linc Gulf Coast Petroleum, Inc. 1000 Louisiana Street Suite 1500 Houston, TX 77002 Date(s) debt was incurred _____ Last 4 digits of account number C001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,084.10
<hr/>			
3.49	Nonpriority creditor's name and mailing address Lone Star Diving Services, Inc. 5321 Avenue F Santa Fe, TX 77510 Date(s) debt was incurred _____ Last 4 digits of account number N001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,401.00

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3.50	Nonpriority creditor's name and mailing address Matador Environmental Services, LLC dba Frost Bank P. O. Box 610451 Dallas, TX 75261-0451 Date(s) debt was incurred _____ Last 4 digits of account number E003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,239.50
3.51	Nonpriority creditor's name and mailing address McMillan LLP 1055 W. Georgia St., Suite 1500 V6E 4N7 Vancouver, BC Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,398.06
3.52	Nonpriority creditor's name and mailing address MG&G Pump Company, Inc. 110 Herman Drive Belle Chasse, LA 70037 Date(s) debt was incurred _____ Last 4 digits of account number G001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,163.00
3.53	Nonpriority creditor's name and mailing address Moncla E-Line Services, Inc. Mid South B P.O. Box 3307 Lafayette, LA 70502 Date(s) debt was incurred _____ Last 4 digits of account number E001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$72,333.65
3.54	Nonpriority creditor's name and mailing address Moncla Marine Operations, LLC P.O. Box 53408 Lafayette, LA 70505 Date(s) debt was incurred _____ Last 4 digits of account number M001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138,567.58
3.55	Nonpriority creditor's name and mailing address Newpark Drilling Fluids, LLC P.O. Box 973167 Dallas, TX 75397-3167 Date(s) debt was incurred _____ Last 4 digits of account number W001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$435,011.82
3.56	Nonpriority creditor's name and mailing address O'Reilly Automotive, Inc. PO Box 9464 Springfield, MO 65801-9464 Date(s) debt was incurred _____ Last 4 digits of account number E001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$772.56
3.57	Nonpriority creditor's name and mailing address Oil States Energy Services, LLC PO Box 203567 Dallas, TX 75320-3567 Date(s) debt was incurred _____ Last 4 digits of account number L002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,324.87

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3.58	Nonpriority creditor's name and mailing address Oilfield Instrumentation P.O. Box 51902 Lafayette, LA 70505-1902 Date(s) debt was incurred _____ Last 4 digits of account number <u>L001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,278.92
3.59	Nonpriority creditor's name and mailing address Peninsula Marine Inc PO Box 501 Port Bolivar, TX 77650-0501 Date(s) debt was incurred _____ Last 4 digits of account number <u>N003</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$646,680.89
3.60	Nonpriority creditor's name and mailing address Petrophysics, Inc. P.O. Box 863323 Plano, TX 75086 Date(s) debt was incurred _____ Last 4 digits of account number <u>T004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$378.00
3.61	Nonpriority creditor's name and mailing address Precision Wireline Services, LLC P.O. Box 51371 Lafayette, LA 70505 Date(s) debt was incurred _____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,196.53
3.62	Nonpriority creditor's name and mailing address Premium Oilfield Services, LLC P.O. Box 203763 Dallas, TX 75320 Date(s) debt was incurred _____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,651.23
3.63	Nonpriority creditor's name and mailing address Pressure Control Specialists P.O. Box 80613 Lafayette, LA 70598 Date(s) debt was incurred _____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,975.00
3.64	Nonpriority creditor's name and mailing address Priority Energy Holdings, LLC dba Priori P.O. Box 54465 New Orleans, LA 70154-4465 Date(s) debt was incurred _____ Last 4 digits of account number <u>I002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,048.40
3.65	Nonpriority creditor's name and mailing address Pro-Gas Services, LLC 5613 DTC Parkway Suite 310 Greenwood Village, CO 80111 Date(s) debt was incurred _____ Last 4 digits of account number <u>O005</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$39,139.52

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3.66	Nonpriority creditor's name and mailing address Progressive Diesel Red, Inc. 8311 Industrial Drive Pearland, TX 77584 Date(s) debt was incurred _____ Last 4 digits of account number <u>0004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,667.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address Railroad Commission of Texas Attn: Oil and Gas Division PO Box 12967 Austin, TX 78711-2967 Date(s) debt was incurred _____ Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,760.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	Nonpriority creditor's name and mailing address Ralph E. Davis & Associates 1717 St. James Place Suite 460 Houston, TX 77056 Date(s) debt was incurred _____ Last 4 digits of account number <u>V006</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,567.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	Nonpriority creditor's name and mailing address Ramshorn Investments, Inc. 515 West Greens Road Suite 1000 Houston, TX 77067-4525 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$147,964.78 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	Nonpriority creditor's name and mailing address Ross B. Jordan dba Jordan Oilfield Servi P.O. Box 286 Batson, TX 77519 Date(s) debt was incurred _____ Last 4 digits of account number <u>R001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	Nonpriority creditor's name and mailing address S&S Operating Co., Inc PO Box 1250 Winnie, TX 77665 Date(s) debt was incurred _____ Last 4 digits of account number <u>S001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,431.18 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	Nonpriority creditor's name and mailing address Scott, Douglas & McConnico, L.L.P. Attor 303 Colorado Street Suite 2400 Austin, TX 78701 Date(s) debt was incurred _____ Last 4 digits of account number <u>M001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,458.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.73	Nonpriority creditor's name and mailing address SLR International Corporation 22118 20th Avenue S.E. Suite G-202 Bothell, WA 98021 Date(s) debt was incurred _____ Last 4 digits of account number C001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,770.31
3.74	Nonpriority creditor's name and mailing address Smart Materials, Inc. 1404 Wallisville Road Liberty, TX 77575 Date(s) debt was incurred _____ Last 4 digits of account number A002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,103.27
3.75	Nonpriority creditor's name and mailing address Smart Oilfield Services, Inc. PO Box 3002 Liberty, TX 77575 Date(s) debt was incurred _____ Last 4 digits of account number A001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,500.00
3.76	Nonpriority creditor's name and mailing address Spring Branch ISD L.A. Payton, Tax Asses P.O. Box 19037 Houston, TX 77224-9037 Date(s) debt was incurred _____ Last 4 digits of account number R001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,665.10
3.77	Nonpriority creditor's name and mailing address Stabil Drill Specialties, LLC Stabil Dri Dept. 2162 P.O. Box 122162 Dallas, TX 75312-2162 Date(s) debt was incurred _____ Last 4 digits of account number A002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,477.50
3.78	Nonpriority creditor's name and mailing address Stokes & Spiehler Offshore, Inc. PO Box 52006 Lafayette, LA 70505 Date(s) debt was incurred _____ Last 4 digits of account number O001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,233.92
3.79	Nonpriority creditor's name and mailing address Streamline Production Systems Inc. 1447 Hwy. 69 Kountze, TX 77625 Date(s) debt was incurred _____ Last 4 digits of account number R003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,836.99
3.80	Nonpriority creditor's name and mailing address Sun Coast Resources, Inc. P. O. Box 202603 Dallas, TX 75320 Date(s) debt was incurred _____ Last 4 digits of account number N001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,456.73

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3.81	Nonpriority creditor's name and mailing address Superior Energy Services LLC Dept 2203 PO Box 122203 Dallas, TX 75312-2203 Date(s) debt was incurred _____ Last 4 digits of account number P001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.82	Nonpriority creditor's name and mailing address Superior Vacuum Services, LLC Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,055.00
3.83	Nonpriority creditor's name and mailing address TCEQ P.O. Box 13089 Austin, TX 78711-3089 Date(s) debt was incurred _____ Last 4 digits of account number E002	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,074.46
3.84	Nonpriority creditor's name and mailing address Texas General Land Office Petroleum and Minerals Division 1700 North Congress Austin, TX 78701 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,697.72
3.85	Nonpriority creditor's name and mailing address THE HARTFORD P. O. Box 660916 Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number E001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$425.00
3.86	Nonpriority creditor's name and mailing address Trend Services Inc. P.O. Box 747 Broussard, LA 70518 Date(s) debt was incurred _____ Last 4 digits of account number I001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,822.19
3.87	Nonpriority creditor's name and mailing address Trinity Consultants PO Box 972047 Dallas, TX 75397 Date(s) debt was incurred _____ Last 4 digits of account number I201	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,891.63
3.88	Nonpriority creditor's name and mailing address Trinity Tubing Testers, Inc. PO Box 581 Liberty, TX 77575 Date(s) debt was incurred _____ Last 4 digits of account number I001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,679.37

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3.89	Nonpriority creditor's name and mailing address Triple S Steel Supply, LLC PO Box 21119 6000 Jensen Dr Houston, TX 77226 Date(s) debt was incurred _____ Last 4 digits of account number <u>I004</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,356.07
<hr/>			
3.90	Nonpriority creditor's name and mailing address Twin Tank Co. Inc. P.O. Box 1502 Stafford, TX 77497 Date(s) debt was incurred _____ Last 4 digits of account number <u>I001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,047.02
<hr/>			
3.91	Nonpriority creditor's name and mailing address U.S. Coast Guard Civil Penalties P.O. Box 531112 Atlanta, GA 30353-1112 Date(s) debt was incurred _____ Last 4 digits of account number <u>C002</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,500.00
<hr/>			
3.92	Nonpriority creditor's name and mailing address UV Logistics LLC United Vision Logistics P.O. Box 975357 Dallas, TX 75397-5357 Date(s) debt was incurred _____ Last 4 digits of account number <u>I001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,389.05
<hr/>			
3.93	Nonpriority creditor's name and mailing address Wapiti Energy, LLC 800 Gessner Suite 700 Houston, TX 77024 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,939.39
<hr/>			
3.94	Nonpriority creditor's name and mailing address Weatherford, U.S., L.P. PO Box 301003 Chase Bank of Texas Dallas, TX 75303-1003 Date(s) debt was incurred _____ Last 4 digits of account number <u>A001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,127.57
<hr/>			
3.95	Nonpriority creditor's name and mailing address Worldwide Power Products 5711 Brittmoore Houston, TX 77041 Date(s) debt was incurred _____ Last 4 digits of account number <u>P001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,784.92

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3.96	Nonpriority creditor's name and mailing address WR Production, LLC 7500 San Felipe Street Suite 475 Houston, TX 77063 Date(s) debt was incurred _____ Last 4 digits of account number P001	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$137.19 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.97	Nonpriority creditor's name and mailing address Wyatt Energy 3355 West Alabama Street Houston, TX 77098 Date(s) debt was incurred _____ Last 4 digits of account number S002	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$512,794.96 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 3,949,414.48
5c.	\$ 3,949,414.48